

AGENCY LETTERHEAD HERE

(Which includes Agency Name, Street Address and Phone Number)

Statement of Services Provided Receipt

Van transportation services for this client are supported by grant funds. Therefore, a copy of this form (or other receipt on Agency letterhead) must be provided to the client as *proof of services* received. This documentation is required to ensure the client maintains his/her eligibility for future transportation services.

CLIENT 11-DIGIT CPCDMS CODE (required): _____	CLIENT 3-DIGIT ARIES CODE (optional): _____
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Appointment Date: _____

Appointment Time: _____

Type of service received (check one):

_____ Outpatient Medical Care or Physician Services, including Intake

_____ Pharmacy and/or Other Medical and Health-Related Care Services, including Intake

_____ Necessary paperwork required to ensure access to Ryan White-eligible medical services

The above individual received the services identified on this form. This statement is being provided in compliance with the HCPH Ryan White Grant Administration agreement for Transportation Services supported by Ryan White Part A funds. Any questions concerning this statement should be addressed with the issuing agency.

Agency Representative Signature

Date

PRINT NAME (Agency Representative)

Phone Number

****Do not include client's name or other personal information on this form****